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**APPLICANTS**

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**\*\* CONTINUING DATA \*\*\*\*\***

This application is a 371 of PCT/JP04/19373 12/24/2004

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

JAPAN 2003-427424 12/24/2003

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED\*\* SMALL ENTITY \*\***

\*\* 04/27/2007

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no		
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance		
Verified and Acknowledged	Examiner's Signature _____ Initials _____		
STATE OR COUNTRY JAPAN	SHEETS DRAWING 4	TOTAL CLAIMS 4	INDEPENDENT CLAIMS 4

**ADDRESS**

65565

**TITLE**

AGENT OR METHOD FOR TREATING SEVERE APHASIA IN CEREBROVASCULAR ACCIDENT CHRONIC STAGE

FILING FEE RECEIVED 850	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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